

**UNIVERSITY OF NEBRASKA AT OMAHA CHILD CARE CENTER  
CONTRACT/AGREEMENT**

I \_\_\_\_\_ agree to pay on the first day my child(ren) attends the center, a weekly tuition fee of \$\_\_\_\_\_, with no deductions for absences or non-major holidays, other than stipulated. If the tuition is not paid per this agreement, my child(ren)'s enrollment will be discontinued.

**FEES**

No past due amounts will be allowed to exceed two weeks of tuition. If your account is not paid by 1 p.m. on the last day of each week, your account will be charged a \$10.00 late payment fee. If your account goes delinquent for a second week, in addition to your late payment fee, your account will be turned over to the Student Center's Business Office for collection. If your account is not paid by the third week, it will result in termination of your child care services, your account turned over to a collection agency and stops placed on all academic records and financial aid. I agree to pay the \$40 registration fee upon enrollment into the program. This fee is non-refundable.

**HOURS**

The UNO Child Care Center is open Monday through Friday, 6:30 a.m. to 5:30 p.m. The child care center is closed on New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, Christmas Day and the week between Christmas and New Year's and whenever the university cancels day classes due to bad weather. If the university is closed, the child care center is also closed.

**IMMUNIZATIONS & HEALTH FORMS**

I agree to provide the center with a completed health form signed by my child's physician and a current immunization record of my child(ren) and to provide an up-to-date copy each time my child receives an immunization. (Maintaining these records is a requirement of the Nebraska Department of Social Services – we must have current records in order to be licensed to provide childcare.)

**CONTRACTS**

**SEMESTER TO SEMESTER (Fall, Spring &/or Summer; Part-time or Full-time)**

All contracts will **RUN THROUGH FINALS WEEK**. This means that even if my child does not attend during finals week I will still be responsible for that week's tuition, withdrawal from the center two weeks prior to this week will not be accepted. I understand that I am **NOT** eligible for any vacation days, unless I am on a year round contract. The only exception is if you are a UNO Student or UNO Faculty, you will not be required to pay if your child is not in attendance when university classes are not in session (ex. Fall & Spring Breaks). There are no exceptions for UNO Alumni/Community. I understand that I will need to re-register my child(ren) each semester.

**FULL-TIME – Year Round**

All contracts will run from **Mid-August to Mid-August**. This means that I will be responsible for payment of my child(ren)'s tuition **EVERY** week, with the exception of when the university is closed. I understand that withdrawal from the program two weeks prior to the end of the contract will not be accepted and that I am responsible to pay the balance of my account in full to cover the contract. I understand that I will be eligible for **TEN** workdays of vacation annually during the time the center is open without charge under the following conditions:

- Advance notice of vacation time is given (preferably one week's notice).
- Vacation days run from Mid-August to Mid-August (days can not be carried over).
- Vacation days will be prorated according to the enrollment date.
- I understand that if I change my contract status and I have used vacation days not yet earned, I will be responsible for paying back these vacation days.

**FULL-TIME – Academic Year**

All contracts will run from **Mid-August to First Week in June**. This means that I will be responsible for payment of my child(ren)'s tuition **EVERY** week, with the exception of when the university is closed. I understand that withdrawal from the program two weeks prior to the end of the contract will not be accepted

and that I am responsible to pay the balance of my account in full to cover the contract. I understand that I will be eligible for **SEVEN** workdays of vacation annually during the time the center is open without charge under the following conditions:

- Advance notice of vacation time is given (preferably one week's notice).
- Vacation days run from Mid-August to end of May (days can not be carried over).
- Vacation days will be prorated according to the enrollment date.
- I understand that if I change my contract status and I have used vacation days not yet earned, I will be responsible for paying back these vacation days.

### **FULL-TIME – Summer Schoolage Program**

All contracts will run from **First Week in June to Mid-August**. This means that I will be responsible for payment of my child(ren)'s tuition **EVERY** week, with the exception of when the university is closed. I understand that withdrawal from the program two weeks prior to the end of the contract will not be accepted and that I am responsible to pay the balance of my account in full to cover the contract. I understand that I will be eligible for **THREE** workdays of vacation annually during the time the center is open without charge under the following conditions:

- Advance notice of vacation time is given (preferably one week).
- Vacation days run from June to Mid-August (days can not be carried over).
- I understand that my child **must be enrolled for the entire summer session** in order for to receive the 3 vacation days. (***First Week in June to Mid-August***)
- I understand that if I change my contract status and I have used vacation days not yet earned, I will be responsible for paying back these vacation days.

### **TITLE XX CLIENTS**

A separate Title XX Addendum must be signed by all families who are eligible to receive Title XX from the Nebraska Department of Health and Human Services. Both contracts/agreements must be signed. Please see attached addendum.

### **CONTRACTUAL AGREEMENT**

I agree to pay for days in which my child is absent. There is **NO CREDIT** given for sick, funeral or any other missed days. There is NO CREDIT given on inclement weather days when the center is open more than half the day for full-time & daily/hourly tuition rate contracts.

I agree to pay a late fee of ***\$1.00 per minute after 5:30 p.m.*** if my child is left at the center after closing. I agree to follow the time stated on the in/out computer. I understand that after 6pm Monday through Friday, if no emergency person/relative can be located, campus security will be called and the proper authorities contacted.

I agree to pay a **\$30.00** fee for a non-sufficient fund check and will pay for any returned check(s) with cash.

I agree to accompany my child or children into the building and escort them to their classroom area. **NO CHILD IS ALLOWED** to walk down the stairs without adult supervision.

I agree to sign my child in and out every day.

I will notify the Director of the Child Care Center or the person in charge if someone other than myself will be picking up my child. I will provide either verbal or written communication to the center on who will be picking up my child. I will also provide contact information on the person picking up my child and an alternate contact number where I can be reached.

If I dis-enroll my child, I understand that my child(ren)'s spot will be filled immediately from the center's waiting list. In order for him/her to be readmitted to the child care center an opening will have to be available and my child will be placed on the child care center's waiting list.

I am the recipient of the Parent Handbook, Emergency Response Plan and Licensing Brochure and will comply with additional policies not mentioned above but included within that handbook.

I understand that child care tuition may be subject to change during my child's time of enrollment.

I understand that I will need to sign a new contract each time my child care tuition changes.

In an emergency, the center has my permission to seek medical help as it sees fit in my child's best interest. I understand that all emergency information provided in my child's file must be current and up-to-date.

I understand that the center can only dispense medication with a physician's written permission and the medication chart is signed with the correct information & a signed medication permission form is in my child's file. This includes all medications, including over-the-counter medicines. All medication must be labeled with your child's name. Please note: an additional doctor's note will be required for my child's file for the child care center staff to administer the use of nebulizers, epi-pens and inhalers.

I agree to allow the Center's consultants and visiting students to observe the children.

I understand that my childcare will be terminated for non-payment of services.

I understand that the center has the right to dismiss any child whose behavior or any parental behavior becomes detrimental to the peace and safety of the other children or staff. The child care center will work closely with the parents and any outside resources available to help resolve the behavior problems. I understand that my child's care services may be terminated if an agreement can not be reached; or the peace and safety of the other children and/or staff are at risk.

I agree to keep my child's file updated and current (i.e. address, phone numbers, emergency information, immunizations, etc.).

#### **WITHDRAWAL AND REFUND POLICY**

In the case of withdrawing my child from the center, I agree to give two week's notice prior to withdrawal.

**Please note: Withdrawal notices will not be accepted two weeks prior to the end of a contract agreement.**

I also understand I will be responsible to pay the balance of my account in full & I agree to reimburse the child care center for any vacation time used that has not accrued during my actual time of enrollment prior to withdrawing. If I am due a refund for overpayment on my account upon withdrawing my child, I will inform the director in writing that I would like a refund for the amount of the credit. I understand that the refund can take up to 6 weeks to process the request before receiving a refund check.

#### **GRIEVANCE POLICY**

I understand that if I have any grievances, that I can contact the child care center's director &/or assistant director with my concerns at any time. If I feel my concerns are not fully satisfied that I can contact the director or assistant director of the Milo Bail Student Center at 554-2383.

#### **PESTICIDE-HERBICIDE POLICY**

The UNO Child Care Center maintains a safe and healthy environment for the children at all times. If at anytime the center needs to have the building sprayed for insects of any kind, etc. or chemicals used for lawn care, the applications for the building will be done during non-operating hours and chemicals used on the lawn will be done at a time where the children will have no access to the area. Anytime chemicals are applied the staff are notified in-advance.

#### **ILLNESS**

No credit will be given for sick days. I understand that if my child is gone longer than 3 days that I will be required to bring a doctor's release form in order for my child to return to the center.

I will keep my child home if she/he is ill and/or displays any of the following symptoms:

- Temperature of 100 or above, &/or has been sent home from the center with a temperature. I understand that my child will not be able to return to the center until the temperature has been broken without the aid of fever reducing medications, such as Tylenol or Ibuprofen, for 24 hours.
- Intestinal disturbance accompanied by diarrhea or vomiting within a 24 hour period.
- Sore or discharging eyes and ears.
- And/or any other illness sighted in the handbook that requires exclusion from the center.

### **MEDICATION POLICY**

A Medication Permission Form must be signed and in your child's file to administer any medications. All medications, including over-the-counter medications, are required to have a physician's prescription &/or note from the physician with permission to administer the medication(s); including child's name, name of medication, dose, dates & times to be given, this includes all children under 6 years. The UNO Child Care Center staff will not administer any medications without proper permission from your child's physician.

### **NON-ENGLISH SPEAKING FAMILIES**

I am aware that anytime I do not fully understand the information provided to me in English, that I can request to have this information explained to me or provided to me in another language that is provided by the university. I understand the UNO Child Care Center will do it's best to provide me with the best interpretation possible.

### **UNIVERSITY CLOSINGS**

I understand that the child care center will be closed when the university is closed (this can also include, when the United States Government declares a Federal or State Holiday; the university can be closed). The times that the center will be closed are as follows: *(Please note if the holiday falls on a weekend, the holiday will either be observed the Friday before or the Monday after the holiday.)*

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The Friday after Thanksgiving Day
- Christmas Day
- Holiday Closedown - The week between Christmas and New Year's Day
- Inclement Weather shutdowns as announced or days declared a federal holiday by the Federal Government.

Let us assure you that we will do our best to provide your child/children with a safe physical environment and an atmosphere where he/she can feel both secure and free to grow at his/her own pace under our love and guidance. All information you provide is kept confidential. You can help us achieve these goals by giving us your comments, suggestions, and your daily involvement. We are looking forward to working with you.

**Please keep the first four pages of this contract/agreement for your records.**

**Please fill out, sign and return the last page to the center within two days.**

Revised January 2016

Addendum Attached for all authorized families receiving Title XX from the Nebraska Department of Health and Human Services.

**UNIVERSITY OF NEBRASKA AT OMAHA CHILD CARE CENTER**  
**CONTRACT/AGREEMENT**

I \_\_\_\_\_ agree to pay on the first day my child(ren) attends the center, a weekly tuition fee of \$ \_\_\_\_\_, with no deductions for absences or for non-major holidays, other than stipulated by the university. If the tuition is not paid per this agreement, my child(ren)'s enrollment will be discontinued.

I have received and read the UNO Child Care Center parent handbook, a description of services and the emergency preparedness plan. I understand and agree to comply with all the policies, procedures and regulations. I understand that all paperwork must be turned in and all contracts and food programs forms must be filled out and signed before my child can attend the center. If emergency medical care is necessary and I cannot be reached, I authorize the UNO Child Care Center staff to act in my behalf in granting permission for my child to receive emergency treatment. I understand that UNO Child Care Center will not be responsible for accidents, illness or injury to my child(ren) caused by ordinary care its staff, student workers, or volunteers.

By checking the appropriate contract, I agree to follow the policies and procedures set forth by that contract/agreement, as well as all other contractual parts of this agreement.

**EFFECTIVE DATES OF THIS CONTRACT:** \_\_\_\_\_  
**FROM TO**

**PLEASE CHECK THE APPROPRIATE CONTRACT:**

- \_\_\_\_\_ **SEMESTER TO SEMESTER – FALL, SPRING OR SUMMER SESSION**  
(Part-time or Full-time; No vacation days. The only exception is if you are a UNO Student or UNO Faculty, you will not be required to pay if your child is not in attendance when university classes are not in session (ex. Fall & Spring Breaks). There are no exceptions for UNO Alumni/Community. You will be required to sign a new contract each semester.
- \_\_\_\_\_ **FULL-TIME; YEAR ROUND (August to August; Eligible for 10 vacation days per year)**  
(Full-time means your child is scheduled to be here 5 or more hours a day, 5 days a week)
- \_\_\_\_\_ **FULL-TIME; ACADEMIC YEAR (August to May; Eligible for 7 vacation days per year)**  
(Full-time means your child is scheduled to be here 5 or more hours a day, 5 days a week)
- \_\_\_\_\_ **TITLE XX – (Part or Full Time; Title XX Addendum must be signed & attached)**  
(I understand that I will pay for any missed days my child does not attend the center. If considered full-time, I may be eligible for vacation days – Please see full-time contracts.)
- \_\_\_\_\_ **SUMMER SCHOOLAGE PROGRAM**  
(Eligible for 3 vacation days if your child is enrolled full-time from the First week in June to Mid-August.)

I have read this agreement and will abide by the conditions stated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please fill out, sign and return this page to the center within two days. Thank you.**

**UNIVERSITY OF NEBRASKA AT OMAHA CHILD CARE CENTER  
CONTRACT/AGREEMENT FOR TITLE XX FAMILIES  
TITLE XX ADDENDUM**

All families are required to sign a contract/agreement to complete their child's enrollment at the University of Nebraska at Omaha Child Care Center. All families will be considered private pay and are responsible for weekly tuition payments based on their contract rate until the UNO Child Care Center receives an authorization from the Nebraska Department of Health and Human Services.

The University of Nebraska at Omaha Child Care Center accepts third party payments from the Nebraska Department of Health and Human Services Title XX program. However if the payment received from the Nebraska Department of Health and Human Services does not meet your child's weekly contracted rate, you the parent/guardian, are responsible for paying the difference.

**All families receiving Title XX assistance for tuition payments will be required to pay for their child's contracted hours when s/he is absent from the child care center.** This includes any missed days for what ever reason, example sick, funeral, taking the day off, etc. Title XX only pays for when your child is in attendance.

Example: If your child is scheduled to be here from 8 a.m. to 1 p.m. you will be charged the current hourly rate times 5 hours. If your child is scheduled to be here a full day, you will be charged the daily rate. There are no exceptions.

All co-pays must be paid the first of every month. All charges incurred for the current week for any missed days, must be paid by the following week.

Parent/Guardian Initials \_\_\_\_\_ Date \_\_\_\_\_

Any additional fees incurred; late pick up, late payment, field trip fees, activity fees, etc. are the responsibility of the parent/guardian to pay. The Nebraska Department of Health and Human Services Title XX does not pay for these fees.

Upon enrollment there is a \$40.00 registration fee required per child. The Nebraska Department of Health and Human Services Title XX will pay \$25.00 of the registration fee with the appropriate authorization. The parent/guardian will be responsible for the additional \$15.00 to cover the full amount due. If no authorization is received the parent/guardian will be responsible for the full \$40.00 registration fee per child.

All families who are eligible for full-time care and who sign a full-time contract and pay the full-time rate will be eligible for vacation days under the following conditions:

- Advance notice of vacation time is given (preferably one week's notice).
- Vacation days run from Mid-August to Mid-August (days can not be carried over).
- Vacation days will be prorated according to the enrollment date.
- I understand that if I change my contract status and I have used vacation days not yet earned, I will be responsible for paying back these vacation days.

At any time the Title XX authorization is ended, stopped or cancelled, you account will automatically be turned over to private pay and you will become responsible for paying your child's weekly contracted tuition.

I have read this agreement/addendum and will abide by the conditions stated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (Director or Assistant Director)

\_\_\_\_\_  
Date